EB 13 1939 REC'D MAR 9 15

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

7836
Do not use this space.

1. PLACE OF DEATH
(a) County Saint Louis
(b) Township or City Roberson
(c) Registration District No. 784
Primary Registration District No. 200
Registered No. 249
(d) Street No. Roberson, Missouri St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred 435 Unavailable (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Harrison Shelton
(a) Residence, No. Roberson, Missouri St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: Negro
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Gertha Shelton

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): December 27, 1874

7. AGE: Years 64 | Months 1 | Days 26 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: Laborer
9. Industry or business in which work was done, as saw mill, bank, etc.: W. P. A.
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Cartersville, Missouri

FATHER
13. NAME: Oliver Shelton
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unavailable

MOTHER
15. MAIDEN NAME: Alvie Reed
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Warren County, Missouri

17. INFORMANT (ADDRESS): Gertha Shelton, Roberson, Missouri

18. BURIAL, CREMATION, OR REMOVAL
PLACE Washington Park DATE Feb. 14, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS): Charles J. Gates, 4107-09 Finney Avenue

20. FILED FEB 13 1939, 19 — Maya M. Dorsey, Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): February 11, 1939

22. I HEREBY CERTIFY, That I attended deceased from Feb. 7th, 1939, to February 11, 1939
I last saw him alive on February 11, 1939. Death is said to have occurred on the date stated above, at 1:30 m. a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Nephritis	8-1-38
Other contributory causes of importance:	
Arteria Sclerosis	8-1-39

Name of operation: None Date of:
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury, 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) H. T. Coleman, M. D.
(Address) Pattonsburg, Mo.

(Licensed Embalmer's Statement on Reverse Side)

THE Bureau of Vital Statistics should be carefully supplied. ROLL should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

James A. Johnson, Registered Apprentice No.....

working under my personal supervision.

Signed James A. Johnson

Licensed Embalmer No. 3522

P. O. Address 4107 Finney Av.,

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to co with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.